

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	1/10
O.I.P.E. CLASSIFIER	RSD		1/22/00
FORMALITY REVIEW	BA	21423	2-9-00
RESPONSE FORMALITY REVIEW	BA	21423	3-20-00

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
1	5/30/00
2	1/9/02
3	1/18/01
4	3/18/02
5	8/10/02
6	3/10/03
7	6/16/04
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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